



## Family Support Service Referral Form



The Shannon Family Resource Centre will consider requests for family support services for families in the **Shannon Area**.

Referrals will be accepted directly by professionals and agencies working with families in the community. Please complete the referral form with the family and ensure agreement is signed.

**Please complete the template below with as much detail as you can in relation to the person/family being referred to Shannon Family Resource Centre:**

### ***Person being referred Information:***

First Name	
Surname	
Address	
Date of Birth	
Age	
School Name	
School class/year	

### ***Parent/Guardian Information:***

Parent/Guardian Name 1	
Contact Number 1	
Contact 1 e-mail address	
Parent/Guardian Name 2	
Contact Number 2	
Contact 2 e-mail address	

Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person referring: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please post or hand deliver this **typed or handwritten** referral form to the address below. (For GDPR purposes we do not accept referrals by e-mail).

**Address:** Shannon Family Resource Centre, Respond Community Building, Rineanna View, Shannon, Co. Clare.

**If you need assistance please contact Cathal Dillon (087 1232489).**



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**Reason(s) for making this referral to Shannon Family Resource Centre Family Support Service:**

<b>Current situation: (What's going well for the young person, positives in his/her life).</b>

<b>Current Situation: What are the difficulties, challenges in his/her life at present: (concerns in relation to the young person).</b>

### Next Steps

<p><b>Please tick the service or services that you feel Shannon Family Resource Centre could provide that may be of use to the young person, parent/guardian or family as a result of this referral.</b></p> <p><input type="checkbox"/> One to one support    <input type="checkbox"/> Parenting Support    <input type="checkbox"/> Meitheal    <input type="checkbox"/> Referral to Counselling</p> <p><input type="checkbox"/> Referral to Parent Counselling    <input type="checkbox"/> Strengthening Families Programme    <input type="checkbox"/> Parents Plus</p> <p><input type="checkbox"/> Other supports: (please give details of services you would like to see provided in this case).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## *Referrer's Details (to be completed by the referring agency).*

Name: _____	Title: _____
Agency: _____	
Address: _____	
Phone: _____	Email: _____

### **Who will see and use this data:**

The information you provide may be held by Shannon Family Resource Centre in manual and in electronic format. The information will be processed in accordance with the Data Protection Act 2018 and GDPR regulations. Your completed form will be held securely and confidentially. Only authorised staff will have access to your information.

When you provide this data to us you understand that some of your information may also have to be shared with other service providers who can help in supporting you. You will be consulted on who they are during our engagement with you, and you can object to Shannon FRC sharing your data with external bodies at any stage.

We will never share your data with any external organisations not directly related to your support, unless we are obliged to do so by law or if there is an emergency situation that would require us sharing your data to prevent injury to you or another person.

Shannon FRC undertakes to maintain your personal data in secure conditions with appropriate technical and organisational measures to protect it from unauthorised access or use.

### **Acknowledgement: (please ensure that consent is signed by the appropriate parent/guardian).**

I have read, understood and consent that my personal data will be processed for the purposes and in the manner set out above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Office use only:**

Referral Received by: \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_